



Property Maintenance Division
Health Office
815 Washington St RM 1-30
Reading PA 19601
610-655-6214

ITINERANT VENDOR APPLICATION

(SPECIAL EVENTS ONLY – VENDOR MUST BE LISTED ON EVENT VENDOR LIST) _____
Vendor Initial

NAME OF BUSINESS

Permit #

Date of application _____

OWNER(S) INFORMATION

First and Last Name of Applicant: _____
Address of Applicant: _____
City: _____ State: _____ Zip Code: _____ (No PO Boxes Allowed)
Phone Number: _____ Cell Phone: _____
Email Address _____ Fax Number _____

NAME OF EMPLOYEE(S) OPERATING THE VENDING UNIT _____

REQUIRED DOCUMENTATION

- Photographs and Specifications of the proposed vendors: Cart _____ Stand _____ Trailer _____
- Copy of Permit allowing use of on-unit heating, cooking, water, electrical or cooling devices
- Complete list of the items to be offered for sale or distribution
- Food Handler's Certificate
- Certificate of public liability insurance with minimum coverage of \$100,000 per individual and \$500,000 per incident.

I hereby verify that the information provided on the within application is true and correct to the best of my knowledge, information and belief.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations.

Signature of Owner

Date Submitted